

Frequently Asked Questions Radiology Management Program

Well Sense Health Plan has a full prior authorization program with eviCore healthcare. This program includes clinical reviews, rendering determinations and processing of approval or denial decisions according to currently established medical necessity review processes.

1. When will the program become effective?

This will become effective December 1, 2013. eviCore healthcare will accept authorization requests by web, phone, and fax on this date.

2. Which advanced outpatient diagnostic imaging procedures require prior authorization?

Prior authorization is required for the following elective non-emergent outpatient diagnostic imaging procedures:

- CT
- MR
- PET
- Nuclear Cardiology Medicine/Myocardial Perfusion Studies

Prior authorization is NOT required for the following non-emergent outpatient diagnostic imaging procedures:

- X-ray
- Ultrasound
- Any non-emergent outpatient radiology services other than those indicated above.

3. Is prior authorization required for inpatient or emergency situations?

No. It is not necessary to contact eviCore healthcare to preauthorize any imaging procedure performed in conjunction with an inpatient stay, 23 hour observation or emergency room services.

4. Which recipients are affected by this change?

All Well Sense Health Plan members are included in the radiology program.

5. How does the eviCore healthcare prior authorization program work? For routine prior authorization requests, the ordering physician should contact eviCore healthcare with the required medical information prior to the procedure being scheduled and performed. The request will be processed or additional information will be requested. Upon receipt of this information, eviCore healthcare will render a medical necessity decision within two (2) business days or earlier for urgent requests or as required by Federal or State regulations.

6. How can I submit prior authorization requests to eviCore healthcare?

You can submit prior authorization requests to eviCore healthcare for non-emergent outpatient diagnostic imaging procedures by phone at (888) 693-3211 or by fax at (888) 693-3210 during normal business hours 8:00 AM to 9:00 PM ET. You may also submit them through eviCore healthcare's secure website at <https://myportal.medsolutions.com/>.

The eviCore healthcare web portal may provide you with an immediate approval depending on the type of service requested. The portal also contains helpful radiology reference information for your office such as a complete CPT code list, diagnostic code list, and specific guidelines to assist you in determining the most appropriate imaging for your patient's condition. In addition to these benefits, the eviCore healthcare portal offers you:

- Convenience - requestors have 24/7 access to submit cases or check on the status of your request,
- Speed - requests submitted online require half of the time (or less) as those submitted telephonically
- Efficiency – medical documentation can be attached to a case on an initial submission reducing the need for follow-up calls and consultation.
- Real Time Access - requestors may see the real-time status of an authorization request
- Patient History - requestors may see all the cases for a specific member

7. What is eviCore healthcare's response time?

In many cases, especially when the caller requesting the review has sufficient clinical documentation, the request can be preauthorized during the first phone call. In general, approximately 60-65 percent of all requests are approved during the initial contact.

In certain cases, the review process may take longer if additional clinical information was not supplied during the request period. The best way to reduce the response time for a request is to have a staff member with knowledge of the case on the call, and also have the following information available:

- The patient's name & address and Well Sense Health Plan member ID number.
- Prior tests, lab work and/or imaging performed related to this diagnosis
- Office notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
- The patient's history and diagnosis
- Reason for study
- Results of previous imaging studies, and
- History of medical or surgical treatment.

Requests are always processed in accordance with regulatory and accreditation requirements.

8. Where can I obtain a copy of the clinical guideline used to render the determination for my case?

You may contact eviCore healthcare to request a copy of the specific guideline used in your case. In addition, all eviCore healthcare guidelines are available at <https://myportal.medsolutions.com/>.

9. Can eviCore healthcare handle multiple requests for prior authorization per phone call?

Yes, within reason. We ask that no more than 10 prior authorization requests be given during a single phone call. If you have more than 10 prior authorization requests, requests should be submitted via the web, available 24/7 for batching prior authorization requests (<https://myportal.medsolutions.com/>).

10. Are physicians required to obtain prior authorization *before* they call to schedule an appointment?

Except in an emergency, physicians should always obtain prior authorization before scheduling the patient's study to ensure that the scan will be authorized.

11. What if my office has an urgent request?

If there is a clinically urgent need for testing, the ordering physician/office can call eviCore healthcare with the required medical information prior to the procedure being scheduled and performed. The ordering physician should attest to eviCore healthcare that this is a **medically urgent care** request. The request will be processed immediately or additional information will be requested. eviCore healthcare will turn around medically urgent care requests on an expedited basis.

When imaging is required immediately due to a medically emergent/urgent condition, however it is not performed in conjunction with Emergency Department services, the **provider or facility is required to**

contact eviCore healthcare within two business days of the service. eviCore healthcare physician reviewers will review the request and the clinical documentation supporting the nature of the medical emergency.

12. What if my office staff forgets to call eviCore healthcare and then goes ahead to schedule an imaging procedure requiring prior authorization?

It is important to notify office staff and educate them about this new policy. **It is the responsibility of the ordering physician to obtain prior authorization.** Providers rendering any studies included in the program should verify that the ordering physician has obtained the necessary prior authorization prior to scheduling. **Failure to do so may result in non-payment of your claim, and members must be held harmless.**

13. How long is a prior authorization number valid?

The prior authorization is valid for 60 days from the date of issue.

14. What does an authorization number look like?

The prior authorization number is an 8-digit alphanumeric number (e.g. A1234567).

15. Is it required to place the authorization number on the claim?

Yes. All claims submitted to Well Sense Health Plan must include a corresponding authorization number.

16. If a rural hospital only has a mobile MRI available to the facility on Tuesday and Thursday, and a patient comes into the ER on Saturday, can the ER physician write an order for an MRI to be taken on Tuesday and have it considered an emergency and bypass prior authorization?

It is not an emergency if the patient can wait until Tuesday. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment. The only radiology services exempt from the prior authorization requirement are the ones that are performed in an emergency room, inpatient, or observation setting.

17. What happens if a patient is preauthorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?

The radiologist or rendering physician should contact eviCore healthcare to submit a radiology report and seek authorization for the added study. As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test. If the radiologist performs the second or an urgent study the same day, they have two business days from the date of service to notify eviCore healthcare.

18. What happens if a patient is authorized for a CT without and with contrast but the radiologist determines that the contrast is not necessary?

The facility or the referring physician's office staff may email the authorization number and CPT "down-code" change to AuthChange@MedSolutions.com prior to the claim being filed.

19. How are procedures that do not require eviCore healthcare prior authorization handled?

If prior authorization is NOT required for a procedure through eviCore healthcare, contact Well Sense Health Plan's Provider Line at (877) 957-1300 or wellsense.org to validate covered services.

20. If eviCore healthcare denies prior authorization of an imaging study, do I have the option to appeal the decision?



Yes, the appeal rights associated with the denial will be outlined in the decision letter.

Physicians are always welcome to have a peer-to-peer discussion with an eviCore healthcare physician about any decision by calling eviCore healthcare at (888) 693-3211, during normal business hours, or as required by Federal or State regulations.

21. Whom should I contact with questions about the Radiology Program?

If you have additional questions about the radiology management program, please contact eviCore healthcare at (888) 693-3211.

22. If eviCore healthcare is reviewing my case and feels that there is a more appropriate study, will they call me?

If the study does not meet medical necessity criteria, but eviCore healthcare determines that an alternative study is appropriate for the request, eviCore healthcare will call or fax the requesting physician to discuss the alternative with the physician. If the physician calls eviCore healthcare and agrees with the alternative, the alternative study will be approved. If the physician does not accept/agree, or does not respond to the request for a peer to peer to discuss the option of an alternative, the original request will be denied for failure to meet the criteria.